Lt. Governor

INFORMATIONAL LETTER NO.1856-MC-FFS-D

DATE: November 14, 2017

Governor

TO: All Iowa Medicaid Individual Consumer Directed Attendant Care (CDAC)

Providers

APPLIES TO: Managed Care

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: CDAC Provider Enrollment with Managed Care Organizations (MCOs)

EFFECTIVE: Immediately

Effective December 1, 2017 MCO AmeriHealth Caritas Iowa, Inc. will no longer participate in the IA Health Link managed care program. All Medicaid members that are currently enrolled with AmeriHealth Caritas Iowa, Inc. have been notified that they will be tentatively assigned to UnitedHealthcare Plan of the River Valley, Inc. effective December 1, 2017, unless the member chooses to change enrollment to Amerigroup lowa, Inc. If the member wishes to change enrollment to Amerigroup Iowa, Inc., then the member's choice must be received by the IME no later than November 16, 2017 for December 1, 2017 effective date. These members may change their MCO for any reason until March 1, 2018.

Providers may contract with both of the remaining MCOs; however, to maintain continuity of care of members, all providers wishing to participate with an MCO must first be enrolled with the IME using the Iowa Medicaid Universal Provider Enrollment Application (470-0254¹).

During this transition from AmeriHealth Caritas Iowa, Inc., providers currently enrolled with the IME will be considered to have "deemed enrollment" with both UnitedHealthcare Plan of the River Valley, Inc. and Amerigroup Iowa, Inc. for the month of December 2017. "Deemed enrollment" means that Medicaid enrolled providers are provisionally considered credentialed with each MCO to allow for continued access to care.

Providers are encouraged to contact the member's new MCO quickly to ensure they are set up in the MCO's claims payment system for timely reimbursement.

MCO Claims Process

Beginning December 1, 2017, all claims for services provided on or after December 1, 2017, for MCO-enrolled members must be submitted directly to the appropriate MCO, adhering to each MCO's claims submission and timeliness guidelines. Any services provided prior to December 1, 2017, should be billed to the MCO that the member was enrolled with for the

https://dhs.iowa.gov/sites/default/files/470-0254.pdf

month of services. Note that no members will be enrolled with AmeriHealth Caritas Iowa, Inc. beginning December 1, 2017; all members will be enrolled with either UnitedHealthCare of the River Valley, Inc. or Amerigroup Iowa, Inc. Providers should work with the MCOs to determine the policies and process for submitting claims for MCO members (all members on a waiver program fall into this category). The MCOs will pay claims for deemed providers at your current Medicaid rate in the CDAC agreement signed between the member and the provider, regardless of whether or not the provider is in network with the MCO, until December 31, 2017.

Additional Information for CDAC Providers:

- Services will still be approved through your member's case management agency and/or the MCO's case manager.
- You will still need to continue keeping accurate documentation, indicating what services
 you provide to the member on the Daily Service Record, form 470-4389².
- The member must still be eligible to receive waiver services and you must be approved to provide services by the member's case manager.

If you have any questions for the IME, please contact the IME Provider Enrollment unit at 1-800-338-7909, option 3, or by email at imeproviderenrollment@dhs.state.ia.us. If you have any questions regarding the MCOs, please use the contact information listed below.

Managed Care Organization	Contact and Phone Number
Amerigroup Iowa, Inc.	Email: IAProviderQuestions@amerigroup.com Phone: 1-855-789-7989
	Please include the following information: • Your full name • Mailing address • Phone number • The Atypical NPI assigned by IME
UnitedHealthcare Plan of the River Valley, Inc.	Email: IowaCommunityNetwork@uhc.com Phone: 888-650-3462 Website: UHCCommunityPlan.com/iaprovider Please include the following information: • Your full name • Mailing address • Phone number • The Atypical NPI assigned by IME

² https://dhs.iowa.gov/sites/default/files/470-4389 3.pdf